

**PREEMPLOYMENT CHECK FOR CDS/YS PROGRAM POSITION**  
**(USAREUR Reg 608-20)**

**Privacy Act Statement**

- 1. Authority.** 10 U.S.C. 3013 and Executive Order 9397.  
**2. Purpose.** To give permission for agencies to provide necessary clearances by examination of records.  
**3. Routine uses.** Signed consent forms will be used to screen patient medical records in order to complete clearance procedures.  
**4. Disclosures.** Giving your permission for information is voluntary; however, failure to provide information will result in denial of certification as a qualified child care provider.

☐ Military police (MP/SP) ☐ CPO ☐ CID/OSI ☐ Community counseling center ☐ Medical treatment facility

1. Request the preemployment checks be completed for the following person selected for a CDS/YS position within 10 days.

**Name (Last, first, middle, maiden)**

**Date and place of birth**

**SSN**

☐ **Military police check:** Request that for U.S. citizen and non-U.S. citizen family members, local military police/security police (MP/SP) check (incl Army master offender list) be furnished. MP/SP will check with other USAREUR/USAFE police, if applicable. Where other military services of USEUCOM are relevant, local records checks should flow through these channels as well.

☐ **CID/OSI check:** Request that for all U.S. citizen and non-U.S. citizen family member selectees, Army Criminal Investigation Command/Air Force Office of Special Investigation (CID/OSI) checks be made with the U.S. Army Crime Records Center, Baltimore, MD (incl Defense Central Investigation Index).

☐ **Community counseling center:** Request information on selectee be furnished.

☐ **Medical treatment facility:** Selectee named above has been scheduled for a medical assessment on \_\_\_\_\_ . Referral for preemployment physical is attached. Medical assessments should include an overall pass or fail evaluation taking into account the following:

A. General medical requirements as outlined on attached AE Form 3166.

B. Outpatient medical record.

C. Derogatory information from the applicant or from records screen will lead to written inquiry from ADAPCP, psychiatry, social worker, or others, as to whether or not the condition under treatment would adversely affect the appointment.

**2. Selectee cannot enter on duty without the above checks:** Checks should be expedited and results returned within timeframe stated to:

Local CPO

ATTN: Office symbol, POC, telephone number

APO

3. Suspense is 10 workdays from receipt of this request.

4. I have read and understood the privacy act statement above.

**Signature**

**Date**